U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 **LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT**

Form approved Office of Management and Budget No 1215-0188 Expires 11-30-2006

This report is mandatory under P L 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U - 9358	2 Fiscal Year Covered From		
	1 / 1 / 2004 Through 12 / 31 / 2004		
3 Name and address of person filing	4 Name, file number, and address of labor organization		
Name MIKE MIKICH	Name UNITED ASSOCIATION OF PLUMBERS LOCAL 342		
	Labor Organization File Number 033-320		
P O. Box, Bldg , Room No , if any	P O Box, Building and Room Number, if any		
Street 935 DETROIT AVENUE	Street 935 DETROIT AVENUE		
City CONCORD	City CONCORD		
State California ZIP Code + 4 94518-2501	State California ZIP Code + 4 94518-2501		
5. Position in labor organization. EXECUTIVE BOARD MEMBER			
(except as specified in the exclusions set forth in the instructions) A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent			
6 Name and address of Employer (including trade name, if any)	s of Employer (including trade name, if any) 7 a Nature of Interest, Transaction, or Income		
Name	NONE # 0.00		
Trade Name, if any]		
PO Box, Bidg , Room No , if any	7 b Amount.		
Street			
City			
State ZIP Code + 4			
Signature // // ///			
15. Signature and verification The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)			
Signed Alaska Historia	On <u>\$-11-05</u> <u>915-686-5880</u> Date Telephone Number		

Name of Person Filing MIKE MIKICH	File Number U-		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name, if any) Name Trade Name, if any P O Box, Bidg , Room No , if any Street	9 Business deals with a Labor Organization b Trust c Employer		
City			
State ZIP Code + 4			
10 If 9 b or 9 c. is checked give trust or employer's name	11 a Nature of such dealing		
Name			
Trade Name, if any			
P O Box, Bldg , Room No , if any		1	
Street			
City	Approximate dollar value of such dealing Nature of interest held or income received	<u> </u>	
State ZIP Code + 4			
	12 b Amount	0	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value			
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment.	1	
Name			
Trade Name, if any			
PO Box, Bidg , Room No , if any		i L	
Street			
City		ļ	
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14 b Amount of payment	0	

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"I have made a diligent search of employers, businesses and/or vendors with which the union is involved. I have made as complete disclosure as I am advised by counsel that I am required to make, and I have made such required disclosures that, after a search of our records, I can now recall."

Mike Mikich

Date